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APPLICANTS

Noam Babayoff, Holon, ISRAEL;
 Yossef Atiya, Maccabim, ISRAEL;
 Tzvi Philipp, Bet Shemesh, ISRAEL;

**** CONTINUING DATA ******* NONE
 OG

**** FOREIGN APPLICATIONS ******* NONE
 OG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>OG</u> Initials	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS
 20529
 NATH & ASSOCIATES
 1030 15th STREET, NW
 6TH FLOOR
 WASHINGTON , DC
 20005

TITLE
 Speckle reduction method and apparatus

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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